



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Embalming & Funeral Directing
www.state.ma.us/reg/boards/em
617-727-1718

Continuing Education Program Application
(must be submitted 30 days in advance of program date)

Program Title: _____

Program Coordinator or Sponsor: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Date(s) and Location(s) of Program: _____

Total Number of Hours Requesting: _____

Please return this application with the following:

- Course materials or syllabus including a course description that clearly describes the content of the course and a summary outline of major topics with the number of classroom hours devoted to each major topic
- Instructor's qualifications

Programs must be open to all members of the embalming and funeral directing profession. Please be sure you have enclosed all the required materials for review. Other materials may be requested if necessary to determine the appropriateness of the course. Incomplete paperwork will be returned to the applicant.

By my signature, I hereby state the above information is true to the best of my knowledge.

Signature of Applicant

Date

Date Reviewed:
Approved
Denied-Reason:

Office Use Only
Reviewed By: